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Bib Data Sheet

SERIAL NUMBER 10/645,014	FILING OR 371(c) DATE 08/21/2003 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 10527-396001
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*

*None*

## \* FOREIGN APPLICATIONS \*\*\*\*

*None*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/17/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 22	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>None</i> Initials <i>None</i>				

## ADDRESS

26161

## TITLE

Multilayer medical devices

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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